

## Montana Medicaid - Fee Schedule Private Duty Nursing

### Definitions:

**Modifier** – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination  
For example:  
26 = professional component  
TC = technical component

**Description** – Procedure code description. You must refer to the appropriate official CPT-4 or HCPCS coding manual for complete definitions in order to assure correct coding.

**Effective** – This is the first date of service for which the listed fee is applicable.

**Method** – Source of fee determination

**Fee Sched:** Medicaid fee for listed code

**Medicare:** Medicare-prevailing fee for listed code. Laboratory services are paid at 60 or 62% of listed fee.

**By Report (BR):** Equals a percentage of billed charges; percentage depends on provider type and service/supply

**PA** – Prior Authorization

**Y:** Prior authorization is required

**Space:** Prior authorization is not required

# **Montana Medicaid - Fee Schedule** **Private Duty Nursing**

<b>Proc</b>	<b>Modifier</b>	<b>Description</b>	<b>Effective</b>	<b>Method</b>	<b>Fee</b>	<b>PA</b>
Z0746		LPN SERVICES PROVIDED IN THE HOME - PER 30 MINUTES	1/1/2002	FEE SCHED	\$10.31	Y
Z0748		PATIENT SPECIFIC TRAINING PER 30 MINUTES	1/1/2002	FEE SCHED	\$10.31	Y
Z0749		RN SERVICES PROVIDED IN THE HOME - PER 30 MINUTES	7/1/2000	FEE SCHED	\$10.50	Y
Z0750		RN SERVICES PROVIDED IN SCHOOL - PER 30 MINUTES	7/1/2000	FEE SCHED	\$10.50	Y
Z0751		LPN SERVICES PROVIDED IN SCHOOL - PER 30 MINUTES	1/1/2002	FEE SCHED	\$10.31	Y
Z0752		RN SERVICES FOR HOME INFUSION THERAPY - HALF HOUR	7/1/2000	FEE SCHED	\$10.50	